

Testimony of Gregory L. Shangold, MD, FACEP
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Committee on Insurance and Real Estate
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The Connecticut College of Emergency Physicians Supports SB-257, "AN ACT CONCERNING MEDICAL PAYMENTS COVERAGE FOR AUTOMOBILE INSURANCE POLICIES"

Good afternoon Senator Crisco, Representative Fontana, and Committee members. Thank you for the opportunity to present my testimony on SB-257. I am the President of the Connecticut College of Emergency Physicians, the organization that represents nearly 500 Board-Certified specialists who have devoted their careers to being on the front line of emergency medical care.

CCEP would like to thank the committee and its leadership for raising this bill and addressing Connecticut's underfunded and neglected emergency care system. People assume emergency care will always be available when needed, but unless society starts to treat and fund emergency departments as an essential resource like the fire, police and EMS departments, timely emergency care may be unavailable. This is already occurring as the demand for emergency services increase every year while available emergency department beds to evaluate patients decrease.

One of the times when people expect emergency services the most arises after a car accident. Imagine a scenario when an injured victim from a car accident does not have timely emergency care available. The federal law, EMTALA, mandates emergency departments evaluate every patient who presents to the department regardless of the ability to pay. This includes car accident victims.

Currently, about 10% of Connecticut's population is without health insurance and this number increases as people are losing employee-based health insurance. Because of Medicaid covering children less than 18 years old and Medicare covering people older than 65 years old, the majority are between 18 and 65. A 2003 CDC study showed 24% of people in Connecticut age 18-24 do not have health insurance. The percent decreases, as people get older.

It is difficult to find exact car accident statistics concerning related medical costs and demographics since most statistics relate to fatalities. However, the majority of patients seen in emergency departments after a car accident are much less severe. Most patients arrive at an emergency department, go through a series of tests, and are then discharged home. Extrapolating from available statistics, younger people tend to have more car accidents. This is evident by higher insurance rates for people under 25.

I hope it is becoming clear that the majority of patients seen from a car accident also happen to be the same group who tend not to have health insurance. This discrepancy creates a huge financial burden for the patients and for the emergency departments who

collect a miniscule portion of the bill from the uninsured. This bill will mandate medical coverage for those people who choose to drive and thus assure emergency care will be available if needed.

CCEP would recommend expansion of this bill's intent to the Medicaid population in addition to the uninsured. The reimbursement by Medicaid for emergency services does not cover cost to provide the care 24 hours per day and seven days a week. Although the state and federal government attempt to fund Medicaid services through disproportionate funds, emergency departments receive inadequate funds from Medicaid patients to provide the type of care expected by society. Therefore, cost shifting to other insurance programs occurs in order to fund the system. CCEP supports changing the language in this bill to make medical coverage through auto insurance primary for both the uninsured as well as Medicaid recipients.

Thank you again for the opportunity to present this testimony and for considering funding emergency services as an essential societal resource.